

FILED FEB 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4198**

BIRTH NO. _____ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 5241 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Madison Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Madison Twp. <u>0200</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 12 Miles S. of Stockton		d. STREET ADDRESS (If rural, give location) 12 Miles S. of Stockton <u>8</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) RICHARD	b. (Middle) FRANKLIN	c. (Last) PYLE	4. DATE OF DEATH (Month) (Day) (Year) Feb. 2, 1955
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5. SEX Male <u>0</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married <u>0</u>	8. DATE OF BIRTH Sept. 21, 1951	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR 4 Months	IF UNDER 24 HRS. 11 Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cedar County, Mo. <u>0</u>	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Frank Pyle	13b. MOTHER'S MAIDEN NAME Eulalah Wallen	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Pyle - Stockton, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Leukemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 2043
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-28, 1954, to 2-2, 1955, that I last saw the deceased alive on 2-1, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Wm. B. Reister MD.	23b. ADDRESS Stockton Mo.	23c. DATE SIGNED 2-4-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-5-1955	24c. NAME OF CEMETERY OR CREMATORY Stockton City Cemetery, Stockton, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 2-17-55	REGISTRAR'S SIGNATURE Geneva Harrison	54	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pantlan Funeral Home - Stockton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5200

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John A. Cantler

Licensed Embalmer No. 4387

P. O. Address Stockton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.